PTO/SB/22 (10-00)

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| PETITION FOR EXTENSION | OF TIME LINDE | D 37 CED 4 | 1 136(3) | Docket No. (Optional) |
|---|--|-----------------|----------|-----------------------|
| PETITION FOR EXTENSION | OF TIME UNDE | K 31 CFK | 1.130(a) | SCEIYO 3.0-085 |
| | In re Application of Magoshi et al. | | | |
| | Application Number File | | | led |
| | 10/03 | 9,546 | | October 22, 2001 |
| | For: METHOD FOR CREATING A DATABASE SUCH AS A DICTIONARY USED FOR A WORD CONVERSION SYSTEM | | | |
| | Group Art Unit | 2621 | Examiner | Not Yet Assigned |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and appropria (check time period desired): | ate non-small-entity fe | ee are as follo | ws | |
| X One month (37 CFR 1.17) | (a)(1)) | | | \$ 110.00 |
| Two months (37 CFR 1.17(a)(2)) | | | | \$ |
| Three months (37 CFR 1.17(a)(3)) | | | | \$ |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ |
| Five months (37 CFR 1.17(a)(5)) | | | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown | | | | |
| above is reduced by one-half, and the resulting fee is: \$ | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Commissioner is hereby authorized to charge any fees which may be required, or credit | | | | |
| any overpayment, to Deposit Account Number 12-1095 . | | | | |
| I have enclosed a duplicate copy of this sheet. | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent o | f record. | | | |
| attorney or agent under 37 CFR 1.34(a). | | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | | |
| April 25, 2002 Koluff Lu | | | | |
| Date Signature | | | | |
| | | | | t B. Cohen |
| Typed or Printed Name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms | | | | |
| if more than one signature is required, see below | | | | |
| 1 forms are subm | itted. | | | |
| | | | - | |
| | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in | | | | |

Dated: April 25, 2002

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